

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9/27/16		Name of Building Owner/Operator (2) 105 South Avenue, Inc.							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	326 Route 22 West, Suite 16B							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Green Brook, NJ 08812							
		Name of Contact Susan Checchio	Telephone Number 732-667-7870						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former A&P		Type of Facility (4)							
Street Address 105 South Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Fanwood		Square Feet 27,500	# of Floors 2						
		Bldg. Age ~50 years							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) A&P Grocery Store							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way, Suite 105		Street Address 407 West Lincoln Highway, Suite 500							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm David Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
		License No. 01161							
Start Date (10) 10/11/16	Scheduled Completion Date (11) 11/29/16	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Retail Area			X	Floor tile and mastic	13,000 SF	X			
Newer Retail Area			X	Floor tile and mastic	9,000 SF	X			
Roof			X	Asphaltic roofing	13,000 SF	X			
Roof			X	Tar on duct	250 SF	X			
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 200	Name of Registered Landfill GROWS Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 9/27/16			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

chat # 10933

Date of Notification (1) 9 / 27 / 16		Name of Building Owner/Operator (2) McGuire-Dix Joint Airforce Base							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address TSC - Building 5411							
		City, State, Zip Code Joint Base MDL, NJ 08641							
		Name of Contact Jeffery M Boehne-Project Manager	Telephone Number 862 849 8099						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Training Support Center - Joint Base McGuire-Dix		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Bldg 5411-Underground Pipe		Square Feet	# of Floors						
City (5) Lakehurst - Joint Base - MDL, NJ 08641		Bldg. Age							
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) UNDER Driveways							
Name of Monitoring Firm Hired by Building Owner (8) Synertech		ASCM No.	Name of Abatement Contractor (9) Controlled Environmental Systems						
Street Address 228 Moore St		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code Philadelphia, PA 19148		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm	Telephone No. 215 755 2305	Telephone No. 215 542 7000	License No. 00847						
Start Date (10) 10 / 10 / 16	Scheduled Completion Date (11) 10 / 14 / 16	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM PM- AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
		City, State, Zip Code Spring House, PA 19477							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Underground Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Non friable pipe	80LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5 CY	Name of Registered Landfill Western Berks Communtiy Landfill					
City, State Hatfield, PA		Disposal Date 10/14/16		City, State Birdsboro, PA 19508					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 9/27/16			